

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAJ JAN 23 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

44099

1. PLACE OF DEATH

County.....Stone..... Registration District No.....845.
Township.....James..... Primary Registration District No.....6109.
City.....(No..... St..... Ward.....)

2. FULL NAME.....Died unnamed.....

(a) Residence, No..... St..... Ward.....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX.....4. COLOR OR RACE.....5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female.....White.....Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1939.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

13. NAME Henry Thomas Yocum.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

15. MAIDEN NAME Lola Snowden.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT Henry Thomas Yocum (ADDRESS) Reeds Spring, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gates Graveyard DATE May 4, 1939

19. UNDERTAKER (ADDRESS) (acting) Arthur Green

20. FILED 12/1/39 253 Humeale Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1939.

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1939, to May 4, 1939.

I last saw her alive on May 4, 1939. Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

"Premature Birth."

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) B. G. Miller M. D.

(Address) Blue Eye, Mo.

RECEIVED

District Health Officer No. 6.

District File Number 108

Date Filed JAN 3 - 1941